

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.05</u>
SUBJECT: MENTAL HEALTH SERVICES PROPONENT: <u>Robert MacLeod, Admin. Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>06/15/07</u> REVIEW DATE <u>04/01/08</u> SUPERSEDES PPD# <u>6.05</u> DATED <u>03/15/06</u>
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To describe the Mental Health services and their delivery process

II. **APPLICABILITY:**

To all staff, especially those involved in the referral and delivery of mental health services.

III. **POLICY:**

It is the policy of the Department of Corrections to provide all inmates with access to appropriate mental health services. The goal of such services is to improve the inmate's adjustment to prison and society.

- A. The Mental Health Services is staffed by qualified mental health professionals who meet the following requirements:
 - 1. Education, license/certification criteria specified by their professional discipline;
 - 2. Criteria established by statute (RSA 330-A:16) defining alternate qualifications for mental health professionals in state service, noted by the New Hampshire State Division of Personnel;
 - 3. Professionally qualified consultants (e.g., psychiatrists).
- B. The Mental Health staff screen inmates and may examine, refer, or consult for diagnosis and treatment any inmate who exhibits significant mental illness.
- C. Core provisions of the mental health delivery system include:
 - 1. Mental health initial assessment
 - 2. Evaluations
 - 3. Counseling
 - 4. Psychiatric treatment
 - 5. Emergency services
 - 6. Staff training/suicide prevention/mental health awareness

D. **Supervision**

The Bureau of Mental Health is administratively a part of the Division of Medical and Forensic Services and is directed and supervised by the Medical Director of Forensic Services. The Medical Director of Forensic Services supervises the Chief of Mental Health who is a certified/licensed clinical psychologist. The health authority approves policies and procedures.

E. Mental Health Transfers

Any inmate whose mental condition creates a danger to themselves or others shall be transferred to an appropriate facility as per PPD 6.10 Suicide Prevention and Intervention. Except in emergency situations, there will be joint consultation between the Warden, physician, or psychiatric mental health nurse prior to any action taken in the following areas:

1. Housing assignments
2. Program assignments
3. Disciplinary measures
4. Transfer to other institutions when an emergency action has been required, this consultation occurs as soon as possible, but no later than the next workday so as to review the appropriateness of the action.

All inmates to be transferred to facilities for the severely mentally ill or developmentally disabled shall be provided a hearing concerning the transfer unless the inmate signs a voluntary waiver (see PPD 6.10)

IV. PROCEDURES:

A. Initial Mental Health Assessment

1. A trained mental health staff member will individually interview all inmates incarcerated within the Department of Corrections within their first 14 days of incarceration (attachment 1). This screening includes but is not limited to:

Inquiry into:

Whether the inmate has a present suicide ideation
 Whether the inmate has a history of suicidal behavior
 Whether the inmate is presently prescribed psychotropic medication
 Whether the inmate has a current mental health complaint/current mental health status
 Whether the inmate is being treated for mental health problems
 Whether the inmate has a history of inpatient and outpatient psychiatric treatment
 Whether the inmate has a history of treatment for substance abuse
 Whether there is a sexual abuse-victimization and/or predatory behavior history

Observation of:

General appearance
 Evidence of abuse and/or trauma
 Current symptoms of psychosis, depression, anxiety and/or aggression

Review of:

Educational history
 Psychotherapy, psycho-educational groups and classes or support group history

Disposition of offender:

To the general population
 To the general population with appropriate referral to mental health care services
 Referral to appropriate mental health care services for emergency treatment

2. The inmate will be given a written copy of the mental health confidentiality statement. The policy will be explained to any inmate who needs clarification. If English is not understood and spoken by the inmate, alternate arrangements shall be made to interpret and communicate with the inmate.
3. The mental health staff shall address urgent concerns/needs for professional follow-up immediately.
4. The mental health staff shall, through the referral process address non-urgent concerns/needs for professional follow-up

B. Evaluations

1. Referrals from other departments shall be reviewed utilizing a triage system. The Chief of Mental Health will review the evaluation for appropriateness and content. The Chief of Mental Health will assign the referral to the appropriate mental health staff to assess.
2. An appropriate assessment will be made within 14 days of receipt of the referral by mental health services staff.

C. Intersystem Transfers

All intersystem inmates will undergo a mental health appraisal by a qualified mental health person within 14 days of admission unless there is evidence that an appraisal was done within the past 90 days unless the designated mental health authority determines that a new appraisal is needed.

D. Counseling

1. A formal treatment plan shall be required for every inmate who is prescribed psychotropic medications or who is in the Health Pathways Program. A formal treatment plan is also to be prepared for any inmate who receives mental health treatment through group therapy and/or four or more individual mental health counseling sessions.
2. After assessment of the individual's needs, the outcome of a referral, request slip or responder call may result in a recommendation for counseling. Counseling may be among the following offerings:
3. Short term individual counseling: After 4 initial visits, documentation is required as to whether the individual is appropriate for continued treatment (e.g. establishment of a treatment plan) or if no further treatment is required at this time.
 - a. If continued treatment is noted in a treatment plan, referral is made for one or more of the following:
 - 1) Problem-focused group therapy as available and as deemed appropriate by the assigned mental health professional. Group therapy will vary in the number of visits. An update of the treatment plan will be required when either the group or therapy is completed or after a set number of visits pre-established by the duration of the group schedule.
 - 2) Individual therapy including referrals to assess the appropriateness of inclusion in Healthy Pathways (see PPD 6.31). Individual therapy will consist of 12 visits for the initial first year of treatment. After 12 visits, the mental health professional will need approval from their immediate supervisor for further visits. The treatment plan will be updated every 6 months.
4. Psychiatric treatment: Referral is made for assessment of medication needs to treat mental health issues. A treatment plan will be established and updated every 6 months if psychiatric medication is prescribed as a result of the assessment.

E. Emergency Services

1. Consult PPD 6.10 for instructions regarding suicidal or dangerous behaviors.
2. Urgent referrals between the hours of 0800 and 1600 Monday through Friday should be telephoned into the Mental Health Department. If unable to reach staff by telephone, the unit should follow these instructions depending on the facility location:
 - a. NHSP-Men call Mental Health at 271-1850, if no answer use pager # 564-5701 to contact the daily assigned mental health emergency responder.
 - b. LRF call unit management, health services, and then Mental Health at 271-1850.
 - c. NHSP-Women call on-site Mental Health.
 - d. NCF - Call health services at 752-0345.
3. Non-urgent referrals shall be written using appropriate Mental Health Referral forms and sent to the Mental Health Department at NHSPM, NHSPW, NCF or Health Services at LRF.
 - a. If a Corrections Officer or other staff person observes an inmate exhibiting behaviors indicative of a mental illness, that person shall contact the unit Corrections Counselor/Case Manager or Officer in Charge (OIC) who shall evaluate the inmate for possible referral to Mental Health Services.

F. Inmate's Family Life and Catastrophic Events

Delivering sensitive news to the inmate is a delicate job. The following personnel will be enlisted for this job, in this order of preference as available:

1. Unit Corrections Counselor/Case Manager
2. Other unit management
3. Chaplain
4. Other personnel as appointed by the Administrator on duty.
5. Medical personnel

G. Counseling the Inmate After Catastrophic News

1. The inmate may need some time to think about their news away from the demands of the

living unit. It may be appropriate to allow the inmate to sit with the personnel breaking the news for a short period of time. The inmate may want to talk or may wish to be silent.

2. It is recommended that personnel remain watchful of the inmate in the following 24 hours and if signs of mental distress develop beyond uncomplicated grieving, follow PPD 6.10 for response to suicidal or dangerous behaviors.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

4-4368 thru 4372

Standards for Adult Community Residential Services
Fourth Edition Standards
4-ACRS-4C-15

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

MACLEOD/pf

Attachment



NH State Prison: Mental Health Services

P. O. Box 14 Concord, NH 03302-0014

Introduction

Name: _____ DOB: ____/____/____ Age: _____ IM#: _____
 Sex : Male / Female _____ Arrival Date _____
 Primary Language: _____ U.S. Citizen: Yes / No
 Prior Incarceration in this prison: Yes or No When ? _____
 Mental Health Resources Used? Yes / No / NA WHY? Therapy _____ Medication _____ Crisis Management _____
 Other _____
 Do you have a Guardian? Yes / No If yes, Who? _____
 Offense _____ Mittimus _____
 Past Offenses, if applicable: _____
 1.) Emotionally, how are you doing? _____

Suicidality

(Please circle one)

- 2.) Are you currently thinking about killing yourself? Yes Or No
If yes, immediately call the responder and keep the offender secure
- 3.) Have you ever considered suicide? Yes Or No
 If yes, When? _____ Why? _____
- 4.) Have you ever attempted suicide? Yes Or No
 If yes, When? _____ Why? _____ How? _____
- 5.) Has anyone close to you ever-committed suicide? Yes Or No
 If yes, When? _____ Who? _____
- 6.) Have you ever hurt yourself without the intention of killing yourself? Yes Or No
 What? _____ How Often? _____ Why? _____

Mental Health/Hospitalization History

- 7.) Have you ever received any help for any mental or emotional problems, mental illness, or for nerves? Yes Or No
- 8.) Does that help include hospitalization for any mental illness? Yes Or No
- 9.) Have you taken psychiatric medications in the past? Yes Or No
 If Yes, ☐ In the Community? ☐ In a Hospital? ☐ While Incarcerated?
 How long were you on them? _____
- 10.) Are you currently taking psychiatric medications? Yes Or No

If yes to questions 7, 8, 9 or 10, please complete below:

When (i.e. 1999)	Where/Who (i.e. North Shore Psychiatric; Dr. Smith)	Why/What Medications (i.e. for depression/medications)

Mental Status

11. Have you ever heard things that other people said they could not hear or heard a voice when
knew no one was there? Yes Or No
- 11a.) If Yes to Question 11, did these voices tell you to hurt yourself or someone else? Yes Or No
If yes, When? _____
12. Have you ever seen things that other people said they did not see? Yes Or No
If yes, When? _____
13. Have you ever believed that people, government, or other things are out to get you? Yes Or No

Substance Abuse History

14.) Have you used drugs? Yes Or No
If Yes, What kinds of drugs did you Experiment with or use Regularly?
(Place and **E** or **R** or **BOTH** in the appropriate block.)

None	Prescriptions Drugs	Ice	Other:
OTC	Cocaine	Oxycontin	
PCP	Marijuana (THC)	Designer Drugs	
Inhalants	Ketamine	Hallucinogens	
Opiates	Crack	Heroin	
Ecstasy	Methadone	Stimulants	

- 14a.) Any IV use? Yes Or No
- 14b.) Do you drink ETOH? Yes Or No If yes, how much? _____
- 15.) How long have you been clean/sober from drugs or ETOH? _____
- 16.) Have you ever received substance abuse treatment? Yes Or No
If yes, When? _____ Where? _____

Attachment 1
Page 3 of 5

Educational History

17. Did you receive any special education instruction while in school? Yes Or No
If yes, What? _____
18. Last Grade completed? _____ Have you achieved a GED? Yes or No or NA

18b. Have you ever been diagnosed with ADHD?

Yes Or No

If yes to 18b, Please answer the 5 questions below:

1. Were you diagnosed with ADHD as a child?

Yes Or No

2. Were you treated for ADHD?

Yes Or No

3. What was the treatment? _____

4. What symptoms did you have? _____

5. Do you still have those symptoms?

Yes Or No

If yes to all questions 1 through 5, write referral for ADHD evaluation.

Trauma History

19. Have you ever had a head injury or seizure? Yes Or No If yes, When? _____
What Happened? _____

20. Have you ever been a victim of a violent situation,
which would include any physical, emotional, or sexual abuse?

Yes Or No

If yes to question 20, Please answer the 5 questions below:

1. What was the event? _____

2. Were you treated for this?

Yes Or No

3. What symptoms did you have? _____

4. What was the treatment? _____

5. Do you still have those symptoms?

Yes Or No

If yes to all questions 1 through 5, write referral for further evaluation.

PREA

21.) Have you ever been sexually aggressive or charged for a sexual crime?

Yes Or No

If yes, When? _____ What was the nature of the charge or behavior? _____

22.) If I asked someone that knows you, would they consider you a violent person?

Yes Or No

Family/Social History

23.) Pregnancy Status: ☐ Not applicable ☐ No ☐ Possible ☐ Date of LMP _____

24.) If you have children, do you have custody?

Yes Or No

25.) Does any member of your family have mental/emotional problems?

Yes Or No

If yes, Who? _____ What? _____

26.) Have you ever lived in foster care or a residential facility?

Yes Or No

27.) Do you want to talk to someone in Mental Health about issues involving
your mental health needs at this time?

Yes Or No

If yes, What is the issue? _____

Comments/Observations: _____

Attachment 1
Page 4 of 5

Behavioral Observations

Appearance: ☐ Clean ☐ Disheveled ☐ Soiled **Describe:** _____

Behavior: ☐ Normal ☐ Slow ☐ Restless ☐ Agitated ☐ Combative ☐ Abnormal Gait
☐ Tardive Movement ☐ Other: _____

Speech: ☐ Clear ☐ Soft ☐ Loud ☐ Slowed ☐ Pressured ☐ Slurred ☐ Other: _____

Response to Interviewer: ☐ Cooperative ☐ Wants Help ☐ Uncooperative ☐ Rejects Help ☐ Hostile
☐ Apathetic

Mood (By Report): ☐ Depressed ☐ Anxious ☐ Angry ☐ Afraid ☐ "Good" ☐ Ashamed
☐ Other: _____

Affect (Observed): ☐ Appropriate ☐ Inappropriate ☐ Flat ☐ Labile ☐ Depressed
☐ Anxious ☐ Irritable ☐ Euphoric ☐ Other: _____

Thought Process: ☐ Logical ☐ Disorganized ☐ Blocking ☐ Concrete ☐ Racing
☐ Tangential ☐ Circumstantial ☐ Disassociated ☐ Loose Associations

Thought Content: ☐ Relevant ☐ Delusional: _____

Suicidal: ☐ No ☐ Yes _____

Violence: ☐ No ☐ Yes _____

Delusions: ☐ No ☐ Yes _____

Perceptions: ☐ No Distortions ☐ Hallucination ---- If yes, ☐ Auditory ☐ Visual ☐ Tactile

Cognitive Functioning:Consciousness Level: ☐ Normal (Alert) ☐ Vigilant (Hyper-Alert, oversensitive to sound or light, startles easily)☐ Lethargic (Drowsy, but easily aroused) ☐ Stupor (Nearly unarousable) ☐ Uncertain _____Orientation/Memory: ☐ Normal (Oriented to person, place, and time)

☐ Abnormal (Some deficits in orientation)

Note Details:

Person: _____

Place: _____

Time: _____

☐ Uncertain

Attention:

☐ Normal ☐ Moderate Inattention ☐ Severe Inattention

Insight:

☐ Good ☐ Average ☐ Minimal

Judgment:

☐ Intact ☐ Impaired, evidenced by: _____

Referred to Mental Health : **Yes or NO**

MH Code: _____

Recommendations for Other Programs: _____

List of Releases Sent (if applicable):

To Whom	To Verify/Substantiate

Screening Staff (print)

Signature of Screening Staff

Date of Screen